

#906



COASTAL APPEAL FORM

SAN LUIS OBISPO COUNTY DEPARTMENT OF PLANNING AND BUILDING

976 OSOS STREET • ROOM 200 • SAN LUIS OBISPO • CALIFORNIA 93408 • (805) 781-5600

Promoting the Wise Use of Land • Helping to Build Great Communities

Please Note: An appeal should be filed by an aggrieved person or the applicant at each stage in the process if they are still unsatisfied by the last action.

PROJECT INFORMATION

Name: VERIZON/ANGELLO
Robert Mueller File Number: DRC 2014 00149

Type of permit being appealed:

- ☐ Plot Plan ☐ Site Plan ☒ Minor Use Permit ☐ Development Plan/Conditional Use Permit
☐ Variance ☐ Land Division ☐ Lot Line Adjustment ☐ Other: _____

The decision was made by:

- ☐ Planning Director (Staff) ☐ Building Official ☒ Planning Department Hearing Officer
☐ Subdivision Review Board ☐ Planning Commission ☐ Other: _____

Date the application was acted on: 2 OCT 2015

The decision is appealed to:

- ☐ Board of Construction Appeals ☐ Board of Handicapped Access
☐ Planning Commission ☒ Board of Supervisors

BASIS FOR APPEAL

State the basis of the appeal. Clearly state the reasons for the appeal. In the case of a Construction Code Appeal, note specific code name and sections disputed). (Attach additional sheets if necessary)

IMPACT ON COASTAL SCENIC RESOURCES, EXISTING
LONG PRESENT REPEAT CODE VIOLATIONS, SITE PLAN APPLICANT
SUBMITTED INACCURATE ADDRESS UNPERMITTED BLOCK WALL
 List any conditions that are being appealed and give reasons why you think it should be modified or removed. & SITE
SCREENING MAINT.

Condition Number _____

Reason for appeal (attach additional sheets if necessary)

CONDITION SHOULD STATE PRIOR TO SUBMITAL AND
CONTINUING DURING THE PERMITTED USE THE
VIOLATIONS MAY NOT OCCUR, AMIT ADDITIONAL

APPELLANT INFORMATION

Print name: Robert MuellerAddress: 604 HENDERSON AVE ST 200 SLO, 93408Phone Number (daytime): 805 597-5700 - 909 7329

We have completed this form accurately and declare all statements made here are true.

Signature _____

Date 15 OCT 2015

OFFICE USE ONLY

Date Received: 10-16-15Amount Paid: 0By: NAR.Receipt No. (if applicable): N/A